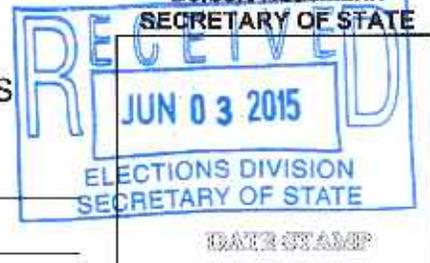


**Political Committee**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2015 Election



Name of Committee United Conservatives Fund  
 Address P.O. Box 4164, Laurel, MS 39441 County Jones  
 Telephone 601-323-0635 Fax \_\_\_\_\_  
 Treasurer Richard Conrad Email Address conradrichard@msn.com

Check here if above is different from previous report

**TYPE OF REPORT**

- \_\_\_\_ May 8, 2015 Periodic Report (January 1, 2015, through April 30, 2015) ..... Mandatory
- June 10, 2015 Periodic Report (May 1, 2015, through May 31, 2015) ..... Mandatory
- \_\_\_\_ July 10, 2015 Periodic Report (June 1, 2015, through June 30, 2015) ..... Mandatory
- \_\_\_\_ July 28, 2015 Pre-Election Report (July 1, 2015, through July 25, 2015) ..... Mandatory  
*All Primary Candidates and Political Committees*
- \_\_\_\_ August 18, 2015 Pre-Election Report (July 26, 2015, through August 15, 2015) ..... Runoff Candidates Only  
*All Primary Candidates and Political Committees in a Runoff Election*
- \_\_\_\_ October 9, 2015 Periodic Report (July 1, 2015, through September 30, 2015) ..... Mandatory
- \_\_\_\_ October 27, 2015 Pre-Election Report ..... Mandatory  
(Primary Election Winners report October 1, 2015, through October 24, 2015)  
(Independent Candidates report January 1, 2015 through October 24, 2015) *All Candidates and Political Committees*
- \_\_\_\_ November 17, 2015 Pre-Runoff Report (October 25, 2015, through November 14, 2015) ..... Runoff Candidates Only  
*All Candidates and Political Committees in a Runoff Election*
- \_\_\_\_ January 8, 2016 Periodic Report (October 1, 2015, through December 31, 2015) ..... Mandatory
- \_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) ..... Required to terminate reporting obligations

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

|                                     | Itemized    | + | Non-Itemized | This Period        | Calendar Year-To-Date |
|-------------------------------------|-------------|---|--------------|--------------------|-----------------------|
| Total amount of contributions       | \$ 935.00   | + | \$ 800.00    | \$ 1,735.00        | \$ 16,688.62          |
| Total amount of disbursements       | \$ 3,208.29 | + | \$ 10.00     | \$ 3,218.29        | \$ 14,864.42          |
| <b>Total amount of cash on hand</b> |             |   |              | <b>\$ 7,420.21</b> |                       |

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Richard Conrad, Treasurer  
Signature of Director or Treasurer

5/1/15  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:**
- 1. Candidates for Statewide, State-District, Multi-County and all Legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545
  - 2. Candidates for Countywide and County-District offices should return forms to their County Circuit Clerk
  - 3. Candidates for Municipal office should return forms to the Municipal Clerk

Name of Candidate or Committee United Conservatives FundReporting period MAY 1, 2015 through MAY 31, 2015

## ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
|--|--|---------------------------|--|
| Other (please specify) _____   |  |                           |  |
| Full name<br>FORD BAILEY   |  | 05 / 28 / 15              | \$ 60.00                                 |
| Mailing Address<br>300 CONCOURSE BLVD., SUITE 200  |  | / /                       | \$                                       |
| City, State, Zip Code<br>RIDGELAND, MS 39157   |  | / /                       | \$                                       |
| Name of Employer (Required)<br>WELLS MARBLE & HURST, PLLC  |  | / /                       | \$                                       |
| Occupation (Required)<br>ATTORNEY  |  | Aggregate<br>year-to-date | \$ 240.00                                |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                           |  |
| Full name<br>Michael L Bostic  |  | 05 / 04 / 15              | \$ 100.00                                |
| Mailing Address<br>111 Wisteria Hill Drive   |  | / /                       | \$                                       |
| City, State, Zip Code<br>Flowood, MS 39232   |  | / /                       | \$                                       |
| Name of Employer (Required)<br>Retired   |  | / /                       | \$                                       |
| Occupation (Required)<br>Retired   |  | Aggregate<br>year-to-date | \$ 500.00                                |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                           |  |
| Full name<br>Gerard R Gilbert  |  | 05 / 28 / 15              | \$ 75.00                                 |
| Mailing Address<br>146 Woodmont Way  |  | / /                       | \$                                       |
| City, State, Zip Code<br>Ridgeland, MS 39157   |  | / /                       | \$                                       |
| Name of Employer (Required)<br>Venture Technologies, Inc.  |  | / /                       | \$                                       |
| Occupation (Required)<br>CEO   |  | Aggregate<br>year-to-date | \$ 375.00                                |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)  | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                           |  |
| Full name<br>James Grove   |  | 05 / 04 / 15              | \$ 50.00                                 |
| Mailing Address<br>443 Woodview RD   |  | / /                       | \$                                       |
| City, State, Zip Code<br>BYHALIA, MS 38611   |  | / /                       | \$                                       |
| Name of Employer (Required)<br>Retired   |  | / /                       | \$                                       |
| Occupation (Required)<br>Retired   |  | Aggregate<br>year-to-date | \$ 200.00                                |

Name of Candidate or Committee United Conservatives FundReporting period MAY 1, 2015 through MAY 31, 2015

## ITEMIZED RECEIPTS

| A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
|--|--|-----------------------------------|--|
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>Ben James</u>  |  | <u>05</u> / <u>21</u> / <u>15</u> | \$ <u>100.00</u>                         |
| Mailing Address<br><u>1160 Magnolia Lane</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Prentiss, MS 39474</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Prentiss Baptist Church</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br><u>Pastor</u>   |  | Aggregate<br>year-to-date         | \$ <u>200.00</u>                         |
| B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>Christopher B McDaniel</u>   |  | <u>05</u> / <u>28</u> / <u>15</u> | \$ <u>500.00</u>                         |
| Mailing Address<br><u>506 Court Street</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Ellisville, MS 39437</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Law Firm</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br><u>Attorney</u>   |  | Aggregate<br>year-to-date         | \$ <u>2500.00</u>                        |
| C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                                   |  |
| Full name<br><u>Robbie Nichols</u>   |  | <u>05</u> / <u>28</u> / <u>15</u> | \$ <u>50.00</u>                          |
| Mailing Address<br><u>105 Walthall Street</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br><u>Greenwood, MS 38930</u>  |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br><u>Nichols and Associates</u>   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br><u>Insurance Sales</u>  |  | Aggregate<br>year-to-date         | \$ <u>200.00</u>                         |
| D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>            |  | Date<br>(Mo., Day, Year)          | Amount of each<br>receipt<br>this period |
| Other (please specify) _____   |  |                                   |  |
| Full name<br>_____   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Mailing Address<br>_____   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| City, State, Zip Code<br>_____   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Name of Employer (Required)<br>_____   |  | <u>  </u> / <u>  </u> / <u>  </u> | \$ <u>  </u>                             |
| Occupation (Required)<br>_____   |  | Aggregate<br>year-to-date         | \$ <u>  </u>                             |

United Conservatives Fund

Name of Candidate or Committee

Reporting period MAY 1, 2015

through MAY 31, 2015

## ITEMIZED DISBURSEMENTS

|   |   |  |
|---|---|--|
| <b>A. Full name</b><br>Transact   | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>190 Monroe Avenue NW, Suite 500                 | 05 / 04 / 15<br>___ / ___ / ___         | \$ 35.25   |
| <b>City, State, Zip Code</b><br>Grand Rapids, MI 49503                    | 05 / 13 / 15<br>___ / ___ / ___         | \$ 21.25   |
| <b>Purpose of Disbursement (Optional)</b><br>Credit Card Transaction Fees | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 474.00  |
| <b>B. Full name</b><br>Transact   | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>190 Monroe Avenue NW, Suite 500                 | 05 / 27 / 15<br>___ / ___ / ___         | \$ 5.75  |
| <b>City, State, Zip Code</b><br>Grand Rapids, MI 49503                    | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Credit Card Transaction Fees | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 479.75  |
| <b>C. Full name</b><br>Creative Computer                                  | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>PO Box 6648                                     | 05 / 05 / 15<br>___ / ___ / ___         | \$ 176.55  |
| <b>City, State, Zip Code</b><br>Laurel, MS 39441                          | 05 / 18 / 15<br>___ / ___ / ___         | \$ 37.45   |
| <b>Purpose of Disbursement (Optional)</b><br>Computer Service             | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 5,408.85  |
| <b>D. Full name</b><br>Mahaffey's Printing                                | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>PO Box 23999                                    | 05 / 14 / 15<br>___ / ___ / ___         | \$ 932.04  |
| <b>City, State, Zip Code</b><br>Jackson, MS 39225                         | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b><br>Printing Services            | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 2,416.32  |
| <b>E. Full name</b><br>Jim Marler   | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>5125 Hwy. 481 South                             | 05 / 18 / 15<br>___ / ___ / ___         | \$ 1000.00   |
| <b>City, State, Zip Code</b><br>Morton, MS 39117                          | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b>                                 | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 2,095.00  |
| <b>F. Full name</b><br>Keith Plunkett                                     | <b>Date</b><br>(Mo., Day, Year)         | <b>Amount of each</b><br><b>disbursement this period</b> |
| <b>Mailing Address</b><br>PO Box 155                                      | 05 / 18 / 15<br>___ / ___ / ___         | \$ 1000.00   |
| <b>City, State, Zip Code</b><br>Hura, MS 39071                            | ___ / ___ / ___                         | \$   |
| <b>Purpose of Disbursement (Optional)</b>                                 | <b>Aggregate</b><br><b>Year-to-date</b> | \$ 2,000.00  |